

10-000 EARLY INTERVENTION SERVICES COORDINATION

10-001 INTRODUCTION

A. PHILOSOPHICAL BASE AND GENERAL INTRODUCTION

The intent of this document is to provide the vision, guidance, and standards for implementation of early intervention services coordination. The information in this document is to assist families, planning region teams, and service providers to understand the vision, purpose, and expectations of the Early Intervention Act. The goal of services coordination is to give families a good start in supporting their child with a disability and to develop their own skills in accessing, utilizing, and coordinating supports within their natural environments. "Natural environments means settings that are natural or normal for the child's age peers who have no disabilities." (34 CFR 303.18)

The Nebraska Early Intervention Act entitles families with eligible infants and toddlers with disabilities to year-round services coordination and the development of an Individualized Family Service Plan (IFSP). This is available at no cost to families effective June 1, 1995. Eligible infants and toddlers are children under the age of three who have been verified for special education and related services as identified in the Nebraska Department of Education Rule 51 and any subsequent revisions.

Responsibility for comprehensive state level planning and ongoing support of the services coordination system is shared by co-lead agencies, the Nebraska Department of Health and Human Services and the Nebraska Department of Education. Assistance and advice is provided by the Nebraska Interagency Coordinating Council. Planning region teams are responsible for assisting in the planning and implementation of the Early Intervention Act in each local community or region. The Department of Health and Human Services, in collaboration with each planning region team, will provide or contract for services coordination and enter into Medicaid provider agreements for services coordination (case management), including the Early Intervention Medicaid Home and Community-Based Waiver.

Implementation of the Early Intervention Act will result in and support: 1) healthy families; 2) responsive, flexible, integrated, and accessible service systems; 3) community involvement, support, and ownership; 4) maximum impact of prevention and early intervention; and (5) delivery of services to the maximum extent appropriate to meet the needs of the child within natural environments.

The Early Intervention Act requires a comprehensive, coordinated, family-centered, community-based and culturally competent approach to early intervention. It recognizes that infants and toddlers with disabilities live within families and communities. A family-centered approach values and promotes family direction in all aspects of planning and services delivery. Philosophical assumptions guiding a family-centered approach include the following:

1. Services should be child-focused and family-centered, recognizing that the family is the constant in a child's life. This supposes the family's right to determine its level of involvement in services as it relates to their child's disabilities.
2. Personnel at all levels need to have an understanding of and a commitment to the collaborative process.
3. Services should reflect a range of options, be community based or as close to the home as possible, and provide opportunities that support participation in community.
4. Services for young children and their families should be flexible, functional, and responsive to changing family needs.
5. Empowerment of families should be a goal for service providers. Family services should be directed toward maximizing the family's capacity to function.
6. Services provided to the family should enhance the development and dignity of the infant or toddler.
7. Families participate in many teaching opportunities throughout the day. Young children learn best when they are taught skills like eating, playing, moving and communicating during the times and in the places most natural for children to eat, walk, talk or play.

Services coordination and systems support/change are both designed by the Early Intervention Act to address Nebraska's need to facilitate coordination and promote communication across these efforts to identify common visions and approaches and to establish linkages across health, social services, family support services, mental health, and education initiatives at the state and community levels.

B. ELIGIBILITY

1. Initial: A child age birth to three/family referred to the Early Intervention Program may immediately begin receiving service coordination, regardless of whether the child has been verified for special education services. This initial eligibility remains in effect until the family is informed of the results of the multidisciplinary team (MDT) evaluation. The initial need for services coordination is jointly determined and documented by the family and the services coordinator.

2. Ongoing: To be eligible for ongoing services coordination, families must include an infant or toddler, age birth to three or younger, who has been verified for special education and related services as identified in the Nebraska Department of Education Rule 51. A child is eligible and may be referred for services coordination through the end of the school's fiscal year, August 31, in which the child reaches ages three, based on need.

Following MDT Evaluation:

- a. Verified: Eligible infants and toddlers and their families are eligible for ongoing services coordination whether or not other special education services are accepted.
- b. Not verified: An infant or toddler not verified by the MDT is not eligible for continued Early Intervention Services. See Formal Exit section.

Families must have a need for service coordination which is jointly determined and documented by the individualized family service plan team, including the family and the services coordinator. The amount and duration of services coordination is based on the documented need, and is identified in the IFSP.

3. Services Coordination Declined: If at any point in the early intervention process, the family declines participation in services coordination, a referral is made to the school district and Rule 51 procedures apply. An IFSP will be developed with the family to address educational goals and other needs identified by the family who will self-coordinate services. This does not effect the child/family's eligibility for special education services or to future access to services coordination.

C. LEGAL BASIS

The Individuals with Disabilities Education Act (IDEA) , Part H, (Infants and Toddlers) requires states choosing to participate in the Early Intervention Program for Infants and Toddlers with Disabilities to provide services coordination at no cost to eligible infants and toddlers and their families. Federal regulation pertaining to early intervention services coordination is 34 CFR Part 303.

The Family Educational Rights and Privacy Act of 1974 (FERPA), and its regulations in 34 CFR 99, provide mandates for the protection of families' rights.

The Nebraska Early Intervention Act (Sections 43-2501 through 2516, Reissue Revised Statutes of Nebraska, 1943) requires the Department of Health and Human Services, in collaboration with planning region teams, to provide or contract for services coordination at no cost to eligible infants and toddlers with disabilities and their families.

Except for services coordination, the Early Intervention Act does not create new early intervention or family services or establish an entitlement to new services.

For other early intervention services not mandated under the Nebraska Special Education Act and not paid through any other source, including but not limited to, insurance, medical, or other third-party payor, payment remains the responsibility of the parent, guardian or other person responsible for the eligible infant or toddler.

Nebraska's Special Education Act (Sections 79-3301 through 79-3365, R.R.S., 1943) entitles eligible children from birth to age 21 to special education and related services based on need. The process by which children are found eligible for special education and related services will be used for determining eligibility for services coordination.

The federal Medicaid Program and the Nebraska Medical Assistance Program (Sections 68-1018 to 68-1025, R.R.S., 1943) will be used for payment of services coordination and for services provided through the Early Intervention Medicaid Home and Community-Based Waiver.

All policies and procedures in the Early Intervention Program will conform to the definition of case management in the Medicaid Program.

D. ADMINISTRATION

Community Level Collaboration

Planning Region Team – Purpose

Planning region teams provide the mechanism at the community level for planning and assisting with the implementation of the Early Intervention Act. Each team will serve in an on-going advisory capacity regarding local implementation.

Planning Region Team – Membership

Each planning region, as required by the Nebraska Department of Education Rule 51, shall establish an interagency planning region team. At a minimum, the team must have family members (a minimum of 20% of the team must be family members), and persons representing each of the following: local school districts, Nebraska Department of Health and Human Services, health/medical, developmental disabilities and Head Start. In the event a required representative is not available to serve on a Region's team, the Nebraska Department of Education will assist the team in developing alternate membership.

Agencies representing the traditionally underserved populations including low-income, inner-city, minority, and rural, as applicable for the region, should also be included. Other members are encouraged to be included on the team based on community needs, such as: clergy, child care providers, civic representatives, legislators, etc.

Specific agency personnel to serve on the team are at the discretion of agency administrators, but must include (1) agency decision makers, with a written plan for communication to gain input from direct service providers OR (2) direct service providers, with a written plan for communication to secure administrative approval and decision making.

Planning Region Team – Initial Team Meeting

The local educational agencies in the region will designate one educational agency per planning region to establish and coordinate an initial interagency meeting of the entire region. The agency that coordinates the initial team meeting will identify representatives of local agencies and families, as listed in the "Membership" section, and request their participation in the initial meeting.

The purpose of the meeting of the team is to establish By-laws/Operational Procedures and to determine a local lead agency to assist in the coordination of the planning region team activities.

Planning Region Team – Local Lead Agency Responsibilities

The responsibilities of the local lead agency are to include the following:

- (1) Calling future planning region team meetings;
- (2) Facilitating communication among team members regarding the development of service provision, team activities and initiatives at both the state and local level;
- (3) Serving as the agency to distribute the State's request for proposal (RFP) for the services coordination contract for the region. This agency may or may not be the agency that actually submits the proposal for services coordination, but it is the agency that sees that the distribution takes place in the region;
- (4) Serving as the agency that applies for the systems support grant for the region;
- (5) Maintaining the records of the planning region team activities including team meeting minutes, materials developed by the team, resources available to share by member agencies; and
- (6) Reviewing the membership of the team and recommending additions/changes to the team.

Funds will be made available for ongoing support to the planning region team through the region's systems support grant (See "Contracting/Grant Award Activities – Systems Support" section, 480 NAC 10-001, D1).

In the event that a planning region team is unable to determine a local lead agency to coordinate the team's activities, the Departments of Education and Social Services will work with the region to identify a local lead agency for the region.

Planning Region Team – Role and Responsibilities

Each planning region team is required by state statute to assist in the planning functions related to the implementation and maintaining of the Early Intervention Act in the region. These planning functions include the development of the IFSP process/services coordination system and systems support to the region. These functions will be facilitated through contractual/grant award processes in each planning region (See "Contracting/Grant Award Activities" section, 480 NAC 10-001 D1).

The responsibility of the planning region team is to assist in establishing the services coordination system in the region. The team shall –

- (1) Discuss issues of regional concern related to services for infants and toddlers with disabilities and their families;
- (2) Make recommendations/provide feedback to local agencies regarding the provision of early intervention services in the region.
- (3) Identify the potential agency(ies) in the region to provide services coordination for the region and notify the Nebraska Departments of Education and Health and Human Services of the potential agency(ies);
- (4) Identify the potential agency(ies) to provide systems support(s) for the region;
- (5) Work with the services coordinator(s) to identify gaps/duplications in resources in the region;
- (6) Identify the training and technical assistance needs in the region for administrators, direct services providers, and families involved in the provision or receipt of early intervention services;
- (7) Identify the resources that may be shared, adjusted, or developed in the region to address the gaps/duplications in services;
- (8) Meet, at a minimum, on a quarterly basis.

Planning Region Team – Identification of Eligible Population

Before the Nebraska Departments of Education or Health and Human Services will issue a grant/contract to an agency in the region, the planning region team will identify the needs of the eligible children and families in the region, and the capacity of the region to meet the needs. This identification will include a population assessment of where the child and families live that are to be served, the unique needs of the children and families in the region, and the available community resources.

This assessment process is to assist the region in developing an Early Intervention Program that will best meet the needs of its eligible children and families. This process is to be completed before entering into the contract/grants to ensure the recruitment, selection and hiring of services coordinator(s) for the region meet the needs identified. It is important for the regions to identify the agencies currently being accessed by the families to ensure that the potential services coordinator(s) for the region is well acquainted with these agencies/services.

Planning Region Team – Contracting/Grant Award Activities

The planning region team, as defined in state statute, has no legal authority to enter into a contract. However, to ensure a community-based decision structure, the planning region team is responsible for identifying potential contractor(s) with which the Nebraska Department of Health and Human Services and the Nebraska Department of Education may enter into negotiations for the provision of services coordination and systems support for the region.

Services Coordination

The Nebraska Department of Health and Human Services will contract with only one agency per planning region for the provision of services coordination in the region. (That single contracting agency may serve multiple planning regions, following the same contracting process.) That one agency may sub-contract with other providers in the region to provide services coordination, supervision or administrative support.

The planning region team will identify the potential agency(ies) to provide services coordination for the region. In doing so, the team will:

- (1) Provide general information to the community about services coordination contracting;
- (2) Distribute the State's request for proposal (RFP) to agencies in the region;

- (3) Review the proposals from the potential providers consistent with the contract requirements; and
- (4) Identify to the Departments of Education and Health and Human Services, the agencies meeting the requirements of the RFP. The team will then provide an accompanying statement describing each identified agency's past experience working with other agencies and providing services to children and families in the region.

In the event the planning region team is unable to identify a potential agency(ies) to enter into a contract with the Nebraska Department of Health and Human Services, the Department of Health and Human Services and the Department of Education will determine the provision of services coordination for the region.

(See "Services Coordination Contracted Providers" (see 480 NAC 10-007) for the specific functions to be performed by the agency contracting with the Nebraska Department of Health and Human Services for services coordination for the region).

Systems Support

The Nebraska Department of Education will enter into a grant award process with only one agency per planning region for the funding of systems support to the region. However, that one agency, may sub-contract with other providers in the region to assist in providing systems support.

Specific functions to be performed by the agency entering into the grant award process with the Nebraska Department of Education for systems support will include the items listed below in consultation and collaboration with the planning region team and the agency contracting for services coordination in the region:

- (1) Coordinating public awareness activities;
- (2) Coordinating the comprehensive early identification (ChildFind) of eligible children and their families, including targeted outreach to traditionally under-represented populations;
- (3) Coordinating the development and implementation of common referral, intake and assessment processes;
- (4) Coordinating the development and implementation of common procedures and forms, where possible, to determine eligibility of infants and toddlers and their families;
- (5) Coordinating training, consultation, information and skill-building for families, services providers and administrators across agencies;
- (6) Coordinating, through the work of the planning region team, the identification of gaps in services in the region and responding to the gaps in services through the development of resources to meet the needs;

- (7) Coordinating the use of systems support grant funds to assist the planning region team in fulfilling its responsibilities; and
- (8) Coordinating the dissemination of Nebraska's early intervention system information to hospitals, physicians, and other medical professionals.

School Districts – Responsibilities for Special Education Services

School districts maintain their current responsibilities for providing a free appropriate public education to all eligible infants and toddlers with disabilities, as identified under Nebraska Department of Education 92 NAC Rule 51.

Each school district is responsible for:

- (1) Providing special education and related services, at no cost to parents;
- (2) Providing a multidisciplinary team evaluation, at no cost to parents, to analyze, assess and document the educational and developmental abilities and needs of each child referred for the purpose of individual evaluation;
- (3) Participating in the individualized family service plan meeting to develop the plan for the eligible child and family;
- (4) Working with the other educational agencies in the planning region to establish an initial interagency meeting of the planning region;
- (5) Participating in the planning region team's activities; and
- (6) All other responsibilities outlined in Nebraska Department of Education 92 NAC Rule 51.

State Level Collaboration

The collaborating agencies (the Nebraska Department of Health and Human Services, and the Nebraska Department of Education) and all other relevant agencies or organizations at the state, regional, and local levels are responsible for developing and implementing a statewide system of comprehensive, coordinated, family-centered, community-based and culturally competent early intervention services for infants and toddlers and their families.

As co-lead agencies, the Department of Health and Human Services and the Department of Education are responsible for developing and implementing a statewide services coordination system for eligible infants and toddlers with disabilities and their families. In addition, the co-lead agencies are responsible for the general administration, supervision, and monitoring of programs and activities receiving federal funds under the federal early intervention program and state funds appropriated for early intervention services under the Nebraska Early Intervention Act. The co-lead agencies are also responsible for the identification and coordination of all other available resources within the State of Nebraska from federal, state, local, and private sources to support the Early Intervention Act. This includes the use of federal Medicaid funds.

The Nebraska Department of Education maintains its responsibility under the Special Education Act to provide grants for the cost of approved special education and related services to the school district of a child's residence. This is in accordance with Nebraska Department of Education 92 NAC Rule 51.

State level planning for early intervention services is the responsibility of each collaborating state agency. Collaborating agencies are responsible for ensuring that personnel carrying out the Early Intervention Act are appropriately and adequately prepared and trained. In addition, collaborating agencies are responsible for designing, supporting, and implementing a statewide training and technical assistance plan which includes preservice, inservice and leadership development for service providers and parents of eligible infants and toddlers with disabilities. Collaborating agencies are also responsible for jointly examining and analyzing policies and procedures for a statewide, uniform computer data base and reporting system to satisfy data collection requirements under the federal early intervention program and to assure the confidentiality of the data contained in the system.

The Nebraska Department of Health and Human Services is responsible for incorporating components required under the federal early intervention program into the state plans developed for the Special Supplemental Food Program for Women, Infants, and Children, the Commodity Supplemental Food Program, the Maternal and Child Health program, and the Developmental Disabilities Planning Council. Related technical assistance, planning, and coordination are also to be provided.

The Nebraska Department of Health and Human Services is responsible for incorporating components required under the federal early intervention program into the mental health and developmental disabilities planning responsibilities of the department. Related technical assistance, planning, and coordination are also to be provided.

10-002 SERVICES COORDINATION/INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) PROCESS TIMELINES

“Services Coordination means the activities carried out by a services coordinator to assist and enable a child eligible under this part and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under Nebraska’s Early Intervention Program.

Each child eligible under this part and the child’s family must be provided with one services coordinator who is responsible for:

1. Coordinating all services across agency lines; and
2. Serving as the single point of contact in helping parents to obtain the services and assistance they need.

Services Coordination is an active, ongoing process that involves:

1. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the IFSP;
2. Coordinating the provision of early intervention services and other services that the child needs or is being provided;
3. Facilitating the timely delivery of available services; and
4. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child’s eligibility.

Specific services coordinator activities include:

1. Coordinating the performance of evaluations and assessments;
2. Facilitating and participating in the development, review and evaluation of IFSPs;
3. Assisting families in identifying available service providers;
4. Coordinating and monitoring the delivery of available services;
5. Informing families of the availability of advocacy services;
6. Coordinating with medical and health providers; and
7. Facilitating the development of a transition plan to preschool services, if appropriate.

The services coordinator will be employed and assigned by the Early Intervention Contracting Agency. Nebraska’s policies and procedures are designed and implemented to ensure that services coordinators are able to effectively carry out on an interagency basis the function and services as described above. Services coordinators must have demonstrated knowledge and understanding about (1) infants and toddlers who are eligible for Part C; (2) the Part C law and regulations; and (3) the nature and scope of services available under the State’s early intervention program, the system of payment for services in the State; and other pertinent information.” (34 CFR §§303.23)

Services coordination provides a central point of contact for families who request such assistance. A services coordinator assists families of eligible infants or toddlers with disabilities within a community to identify and meet each child's needs through coordination of informal and formal supports. It is designed to support families when needed, while working toward self-direction and empowerment.

Services coordination is an entitlement for early intervention families, based upon each family's need. One full-time equivalent (FTE) caseload is recommended as 1:30 children to ensure that the needs of eligible children and their families can be met. If a 1:30 ratio is not appropriate, a variance through the co-lead agencies may be requested in writing. A required demographic of the children and families to be served in a region before contracting with HHS will reflect the needs of local families in the hiring of the services coordinator, as well as the number of services coordinators needed.

Services Coordination is provided under contract with the Nebraska Department of Health and Human Services; a valid contract must be in effect before services coordination/case management is furnished for reimbursement. This document includes policies, procedures, and guidances which all services coordinators shall follow.

1. Referral to a public agency will be made no more than two working days after a child has been identified by a primary referral source. Those primary referral sources include but are not limited to hospitals, physicians, parents, day care programs, local educational agencies; public health facilities, other social service agencies; and other health care providers.
2. Within 45 calendar days after the public agency receives a referral concerning an infant or toddler, it shall, within 45 calendar days, complete the evaluation and assessment activities and hold an IFSP meeting. (In Nebraska, this refers to central intake, or any of the public agencies of Education, Health, or Human Services. A services coordinator will be appointed as soon as possible once a public agency receives a referral." (34 CFR 303.321)
3. After a family/family representative requests access to early intervention services, the services coordinator shall acknowledge the family's request by telephone, mail, or in person within seven calendar days after the referral is received. If the family does not respond to written contact, the services coordinator shall initiate a second contact within an additional seven calendar days.
4. The services coordinator shall arrange a personal contact within seven calendar days of the initial contact or acknowledgement by the family, unless the family requests a delay.

For families with an IFSP in place for special education: an IFSP review must take place within 30 calendar days of a family's request to add services coordination to an already-effective IFSP.

5. The IFSP must be implemented as indicated on the document. "To the maximum extent appropriate, early intervention services are provided in natural environments and that the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." (34 CFR 303.167(c))
6. A review of the plan must be conducted every six months or more frequently if needed or requested by the family or any other team member. The periodic review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.
7. A meeting must be conducted at least annually to evaluate and develop a new IFSP. The annual period begins with the date of the IFSP meeting.
8. "A transition meeting must be held at least 90 days and at the discretion of all parties up to six months, before the child is eligible for the pre-school services. (34 CFR 303.148). If transition is appropriate for a reason other than age, such as (a) when the child becomes eligible for the preschool program; (b) the family is exiting the services coordination system; or (c) it becomes known that services are no longer needed, a transition meeting must be held as soon as possible.
9. The services coordinator shall personally contact the family at least monthly to review the progress of the IFSP plan. This contact must be face-to-face with the family and child at least every other month.

10-003 INTERACTIVE IFSP PROCESS

A. EARLY IDENTIFICATION AND REFERRAL

VISION:

- 1. People involved with children and families in communities have adequate knowledge of possible developmental delays or complex medical needs to know when to consider referring a family to the Early Intervention Program.**
- 2. Families and others in the community recognize the Early Intervention Program as a resource.**
- 3. Comprehensive, interagency public awareness and child find efforts effectively bring all children and families needing referral to this point.**
- 4. Key contacts in the community, including agencies and organizations representing cultural diversity, are aware of the Early Intervention Program and actively refer appropriate children and families for services.**

PURPOSE:

1. To provide early identification of infants and toddlers who have a developmental delay or complex medical needs.
2. To offer families the opportunity to access the Early Intervention Program.
3. To begin the process of determining an infant or toddler's eligibility for early intervention services.
4. To start the process of addressing family concerns around the child who is being referred.
5. To provide a link for the child and family between the referral source in the community and the Early Intervention Program.

WHO'S INVOLVED:

Referrals may be made, with prior parental permission, to a Public Agency by anyone who suspects a developmental delay in an infant or toddler. This includes referrals on behalf of children who have medically complex needs that have impact on their development. People with concerns may include parents, guardians, other family members, physicians, other health care providers, well-baby clinics, social service or child-protection programs, day care providers, and community-wide screening programs.

WHAT HAPPENS:

1. The person making the referral (if not the parent) gets the family's permission and makes either a telephone or other contact with the Public Agency and provides general information about the child/family.
2. A services coordinator is assigned.
3. The services coordinator contacts the family by telephone, mail, or in person, within seven calendar days, to acknowledge the referral. If the family does not respond to written contact, the services coordinator shall initiate a second contact within an additional seven calendar days.

B. INITIAL MEETINGS WITH FAMILY

VISION:

1. ***From the beginning, the system is "user friendly" to families.***
2. ***Families are offered hope and help when they have concerns about their child.***
3. ***The service coordination system means more efficiency, more creativity, and use of the family's natural supports; better information to families about options; and more appropriate referrals.***

PURPOSE:

1. To share information about the child and the System of Early Intervention Services.
2. To start to develop rapport with the family.
3. To determine if the family is interested in proceeding with the process.
4. To begin to identify with families their daily routines, activities, and supports.
5. To gather information to address the family's concerns and questions about their child's health and development.
6. For families to begin identifying their resources, priorities and concerns.
7. To offer referrals for immediate needs.
8. To begin the process of verification of disability for special education, for children not already in the special education program.

WHO'S INVOLVED:

1. Family and anyone family invites.
2. Services coordinator.
3. Formal and informal support persons as appropriate.

WHAT HAPPENS:

1. The services coordinator contacts the family by phone or other means to set up a personal meeting (visit) at a time and place mutually determined. This personal meeting shall be held within seven calendar days of the initial contact or acknowledgement by the family, unless the family requests a delay.
2. The family meets with the services coordinator.
3. The family's immediate concerns are identified and options are explored with first consideration given to the family's natural and cultural supports. Referrals are made to service options within the community, as necessary. This may include helping the family to fill out forms, make phone calls, attend appointments, or whatever is necessary to empower them to meet their needs.
4. The services coordinator explains the release of information form for sharing information between individuals and agencies for the purposes of eligibility determination and services delivery and acquires signatures of consent for this release of information, based on the family's wishes.
5. The services coordinator gives written information explaining the Early Intervention System, timelines, family rights, and responsibilities and the need for their written consent and release of information for evaluation by the school district in order to determine the child's eligibility for special education services.
6. The services coordinator makes families aware of the service options and explains the difference between those which are entitled at no cost and those which may be available.
7. Based on the family's desire to continue, consent for the child's initial evaluation is obtained.
8. The services coordinator continues to work with the family, according to their needs and wishes until a decision is made as to the eligibility of the child.
9. The services coordinator follows up with the referral source to provide information on the referral outcome, with the permission of the family.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section, 10-004).

C. CHILD MULTI-DISCIPLINARY TEAM (MDT) ELIGIBILITY DETERMINATION

It is the responsibility of special education staff to determine eligibility for special education and related services and to explain rights to families, as described in Nebraska Department of Education Rule 51. The services coordinator shall assist families to understand the Multi-Disciplinary Team (MDT) process and how it relates to the System of Early Intervention Services. During the evaluation period, the service coordinator shall maintain contact with the family and assist as appropriate (e.g., checking on timelines, providing information to the MDT on the family). If the MDT evaluation supports the child's eligibility for special education and related services, the family is eligible for ongoing services coordination.

If the MDT does not support eligibility, the school district notifies the parents and the services coordinator. The child/family is then no longer eligible for services coordination or other services through the Early Intervention Program.

For families new to early intervention services: the evaluation of the child and the IFSP meeting must take place within 45 calendar days of the referral to a Public Agency.

For families with an IFSP in place for special education: an IFSP review must take place within 30 calendar days of a family's request to add services coordination to an already-effective IFSP.

The family may extend the 30 or 45 day process at any time; in this circumstance, the Early Intervention Program will document that the family does not want to complete the IFSP within the 45 calendar days. If/when the family wants to resume the process, a new 45 calendar day time period starts.

D. FORMAL EXIT FOR CHILDREN WHO DO NOT QUALIFY FOR SPECIAL EDUCATION SERVICES

VISION:

Families are immediately assisted to access available community services.

PURPOSE:

To assist families to transition out of the Early Intervention Program and to be referred for community services, as appropriate.

WHO'S INVOLVED:

1. Families of children who do not meet verification criteria.
2. Services coordinator.
3. Other possible service providers.

WHAT HAPPENS:

1. The services coordinator explains to the family that they are not eligible for ongoing services coordination. NOTE: While the family has the right to appeal, the services coordinator shall not provide assistance nor serve as advocate or representative in this issue.
2. The services coordinator provides the family with referrals to other agencies/supports according to the family's needs.
3. The services coordinator informs the person who referred the family to the Early Intervention Program, if any, by letter of the outcome of the referral if the family has given written authorization. The MDT report will also be forwarded to the referral contact (such as a referring physician) if the family requests this action in writing.
4. The services coordinator gives a copy of the letter sent to the referral contact to the family.
5. The services coordinator sends the family written notice of termination/denial. Service delivery ends and the case is closed.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section, 10-004).

E. FORMAL EXIT FOR FAMILIES WHO DECLINE OR DO NOT NEED SERVICES COORDINATION

VISION:

1. ***Families are immediately assisted to access available community services.***
2. ***The family's choice is respected in accessing available services.***

PURPOSE:

To assist families to transition out of the Early Intervention Program and to be referred for community services, as appropriate.

WHO'S INVOLVED:

1. Families of children who decline further participation.
2. Services coordinator.
3. Other possible service providers.

WHAT HAPPENS:

1. The services coordinator provides the family with referrals to other agencies/supports according to the family's needs.
2. The services coordinator informs the person who referred the family to the Early Intervention Program, if any, by letter of the outcome of the referral if the family has given written authorization. The MDT report will also be forwarded to the referral contact (such as a referring physician) if the family requests this action in writing.
3. The services coordinator gives the family a copy of the letter sent to the referral contact.
4. The services coordinator sends the family written notice of closure. Service delivery ends and the case is closed.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section, 10-004).

F. PROCESS FOR CHILDREN WHO QUALIFY FOR SPECIAL EDUCATION AND, THEREFORE, ONGOING SERVICES COORDINATION

VISION:

1. ***Families are fully informed of the services/supports that may be available to them as well as possibilities for the delivery of these services in a variety of natural environments.***
2. ***Family choice is provided in accessing the available services.***

PURPOSE:

To help family understand the scope of services that will be available to their child and family including the provision of these services in home and community settings.

WHO'S INVOLVED:

1. Families of eligible children.
2. Others chosen by the family.
3. Services Coordinator.
4. Other service providers.

WHAT HAPPENS:

1. The services coordinator assists the family in becoming fully informed of the results of the multidisciplinary team (MDT) evaluation.

2. The services coordinator continues to provide the family with referrals to other agencies/supports according to the family's needs.
3. The services coordinator works with the family to facilitate coordinated intake as they access services in the community.
4. The services coordinator informs the person who referred the family to the Early Intervention Program of the outcome of the referral if the family has given written permission. The MDT report will also be forwarded to the person who made the referral (such as a referring physician) if the family requests this.
5. The services coordinator gives the family a copy of the letter sent to the person who made the referral.
6. The services coordinator talks with the family about the importance of services being provided where the child lives, learns and plays.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section).

G. FAMILY DETERMINATION OF RESOURCES, PRIORITIES AND CONCERNS:

VISION:

1. ***Families see this as a helpful process rather than an intrusion.***
2. ***Through this process, families are empowered to build upon their own supports and their abilities to problem solve.***

PURPOSE:

To offer families the opportunity for assistance in assessing their resources, priorities and concerns and to identify the supports and services to access which would enhance the family's capacity to meet the needs of their child. To offer families help in identifying the activities and environments which are routine for them. Identification of needs related to the family (rather than specifically to the child) is voluntary; the child may receive early intervention services regardless of this participation.

WHO'S INVOLVED:

1. Family
2. Others chosen by the family
3. Services coordinator

WHO'S RESPONSIBLE:

1. Family.
2. Services coordinator

WHAT HAPPENS:

1. The services coordinator assists the family to identify their daily routines, and activities.
2. The services coordinator discusses with the family options for supporting their family in identifying their resources, priorities, and concerns.
3. All personnel assisting families in this process must be trained to use appropriate methods and procedures. The IFSP must be based on information provided by the family through a personal interview and incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development. The family is assisted in identifying the supports and resources present in the child's environment and activities in the child's daily routine that offer opportunities for the child to learn the new skills.

H. ESTABLISHMENT OF THE IFSP TEAM AND PRE-IFSP MEETING ACTIVITIES

VISION:

1. ***Families see themselves as equal partners of the team that will provide services to them.***
2. ***Families are recognized as equal partners.***

PURPOSE:

1. To assemble the team, including the members, selected by the family, who will establish the IFSP.
2. To prepare all team members for the IFSP meeting so that goals and outcomes can be addressed and members will have resources to bring to the meeting.

WHO'S INVOLVED:

1. The family of a child with a verified disability and whomever else they wish to include.
2. Services providers or potential providers who will be involved in working with the child and family.
3. Services coordinator.

WHO'S RESPONSIBLE:

1. Family.
2. Services coordinator.
3. School district staff.

WHAT HAPPENS:

1. The family and the services coordinator meet to prepare for the meeting of the IFSP team. At this time, the goals and desired outcomes for the child and family are discussed. Based on the results of the MDT evaluation, other assessments and the wishes of the family, IFSP team membership is established.
2. The services coordinator orients other service providers as to the IFSP philosophy and process.
3. The services coordinator helps prepare the family for the IFSP meeting and the part they would like to play. The IFSP document should be shared with the family prior to the meeting so that the information can be integrated into the plan. The services coordinator chairs the initial meeting unless the family chooses to take this role.
4. The services coordinator schedules the IFSP meeting at a location and time agreeable to the family.
5. The services coordinator makes sure that team members who will not be attending the IFSP meeting have the opportunity to give input in another way (giving special attention to medical providers for children with high medical involvement).

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section, 10-004).

I. INTERIM IFSP:

VISION:

Families receive services coordination during the child's evaluation period.

PURPOSE:

1. To provide early intervention services for a child whom the school district, based upon professional judgment and available information, has indicated may be eligible and his/her family before evaluation and assessment are completed when the child has obvious immediate needs that have been identified; and
2. To provide information regarding the child's abilities and needs to be used for program planning and eventual eligibility; OR
3. To provide immediate service in exceptional circumstances, when it is not possible to complete the child's MDT evaluation and assessment within the time period specified in NDE Rule 51 (e.g., if a child is ill).

WHO'S INVOLVED/RESPONSIBLE:

1. Family and those they invite.
2. Services coordinator.
3. School district personnel.
4. A person or persons directly involved in conducting the evaluation and assessments.
5. As appropriate, persons who will be providing services to the child and family.

WHAT HAPPENS:

An interim IFSP is developed using the Nebraska IFSP process and document to initiate early intervention services for an eligible child and the child's family before the completion of the evaluation and assessment if the following conditions are met:

1. School district personnel notify the services coordinator that based on professional judgment and available information, the child may be eligible.
2. Parental consent is obtained.
3. An interim IFSP is developed that includes:
 - a. The name of the service coordinator who will be responsible for the interim IFSP and coordination with other agencies and persons; and
 - b. The early intervention services that have been determined to be needed immediately by the child and the child's family.
4. The evaluation and assessment are completed within the time period specified in NDE Rule 51.

If the child is not then verified as eligible for special education and related services through the MDT process, the services coordinator shall implement formal exit procedures.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section).

J. DEVELOPMENT OF OUTCOMES THROUGH THE INITIAL IFSP MEETING

VISION:

1. ***By focusing on the outcomes desired by the family, the team will be able to look at the child-living within the context of the family in their natural environments.***
2. ***Children and families with many concerns and providers will have better coordinated care, resulting in less duplication of effort, better use of resources and less strain on families.***
3. ***Through the IFSP process, families can express their desired outcomes and participate in the planning for their child and family.***

PURPOSE:

1. To identify and document, in the language of the family, the outcomes families want to see for their children or themselves, in relationship to the developmental needs of the child.
2. To plan how best to achieve the desired outcomes.
3. To formally identify, in writing, the supports and services to meet these outcomes.

WHO'S INVOLVED:

1. Family and those they invite.
2. Services coordinator.
3. Service personnel as appropriate for the initial or annual IFSP must include at least one person directly involved in conducting the multidisciplinary team evaluations and assessments, school district representative and, as appropriate, persons who will be providing services to the child or family.

WHO'S RESPONSIBLE:

1. Family.
2. Other members of the team.
3. Services coordinator.

WHAT HAPPENS:

A meeting must be held whenever an initial IFSP is developed.

1. The meeting is chaired either by the family or by the services coordinator. The first business is to discuss the child and family goals. These may be drafted ahead of time in preparation meetings between the family and the services coordinator.
2. Under the leadership of the family or services coordinator, the team:
 - a. Discusses the strengths and needs of the child and the family.
 - b. Has the family share with the team their desired goals.
 - c. Generates a list of possible outcomes for the next year. This may be done by the family and the services coordinator.
 - d. Agrees to address priority outcomes.

- e. Considers ways to accomplish the desired outcomes for the child and family, by identifying their strengths and supports.
- f. Agrees upon strategies and responsibilities of individual team members in working toward outcomes which can be addressed during the child's daily routines and activities.
- g. Identifies other community resources or service providers to fill in gaps in the plan that cannot be filled by the existing team. Work toward goals beyond the scope of education.
- h. Determines the need for and responsibilities of ongoing services coordination.
- i. Discusses time frames for different responsibilities.
- j. Makes sure that the plan considers all aspects of the child and family supports (i.e. all agencies and providers) and considers whether what is being asked of the family and team members is coordinated and reasonable.
- k. Draft the Nebraska IFSP document, which must contain the following elements (See NDE Rule 51):
 - (1) Status of the child: Information about the child's present levels of physical/motor development (including vision, hearing and health status); cognitive development; communication development; social and emotional development; and self-help skills.
 - (2) Family information: With the family's agreement, the IFSP must include a statement of the family's priorities, concerns, and resources related to enhancing the development of the child.
 - (3) Outcomes: The priority outcomes expected to be achieved for the child and family, including the criteria, procedures and timelines used to determine progress toward achieving the outcomes.
 - (4) Early Intervention Services: To achieve the desired outcomes of the child and family specify the following:
 - (a) Frequency (how often);
 - (b) Intensity (how much);
 - (c) Method of delivery (group, individual, or consultation, collaboration with other caregivers/providers);
 - (d) The natural environments in which early intervention services will be provided;
 - (e) "Justification of the extent, if any, to which the services will not be provided in a natural environment. Natural environments are settings that are natural or normal for the child's age peers who have no disabilities;" (34 CFR 303.18)
 - (f) Funding arrangements if any;
 - (g) Projected dates for beginning of services (as soon as possible after the IFSP meeting); and
 - (h) Anticipated duration of those services.

- (5) Other Early Intervention Services: To the extent appropriate, the IFSP shall include other services that the child/family may need, but that are not required to be provided through special education. These other services are to include the funding sources to be used in paying for the services or the steps that will secure those services through public or private resources. Identifying these services in the IFSP does not impose an obligation to any specific agency to provide the services free of charge, if they are not otherwise required through special education and related services.
 - (6) Services Coordinator: The name of the services coordinator who will be responsible for facilitating the implementation of the IFSP and coordinating with other agencies and persons.
 - (7) Transition at age 3: The IFSP must include the steps to be taken to support the transition of the child to preschool or other services. (See Transition Process, 10-003M.) If the child is very young, a statement of anticipated needs and plans after age three should be noted.
- I. Determines a monitoring strategy.
- 3. If family goals are written, the services coordinator must make sure that the plans include specific actions to be taken, implementor, community resources available, methods for obtaining those resources, and a method and criterion for measuring accomplishment that is based on family satisfaction.
 - 4. The services coordinator will distribute a written copy of the IFSP to each person attending within seven calendar days of the meeting. Parents must give specific consent for distribution of the IFSP document to any individuals or agencies not on the IFSP team.

HOW:

- 1. The services coordinator sets up the meeting in a setting and at a time convenient to the family.
- 2. The meeting is conducted with accommodation for the native language or primary mode of communication of the family. The services coordinator should also ask the family if a cultural representative would be desired as part of the team by the family if the family is not of the dominant culture.
- 3. The services coordinator makes the meeting arrangements with the family and other participants before the meeting date and provides written notice in sufficient time to allow them to attend.
- 4. The meeting shall be conducted in accordance with the family-centered philosophy and focus on the outcomes desired by the family with input from the whole team. The family chooses if they want to include family outcomes in addition to the goals for the child.

K. IMPLEMENTATION OF THE IFSP

VISION:

1. ***Families see the IFSP as their plan, with others supporting this in its implementation.***
2. ***The family and all service providers have a clear picture of who, why, where, and what services and supports are included in the IFSP.***
3. ***Coordination continues to be the way of doing business throughout the process.***

PURPOSE:

To translate the written IFSP into action. Implementation refers to the processes, methods, and procedures used to meet the IFSP outcomes.

WHO'S INVOLVED:

1. Family.
2. Service providers, as designated in IFSP.
3. Services coordinator.

WHO'S RESPONSIBLE:

1. IFSP team and others identified on the IFSP.
2. Services coordinator.

WHAT HAPPENS:

1. The services coordinator helps the child and family to gain the services and assistance they need to accommodate their needs in settings most natural and comfortable in daily routines.
2. The plan is implemented as written by the team members designated on the IFSP.
3. Services coordinator and family coordinates implementation of the IFSP.
4. The services coordinator takes responsibility for the written version of the IFSP document, ensuring that completion, updating, and dissemination are done following timelines.
5. Services coordinator advocates for family, as appropriate.
6. The services coordinator serves as liaison and mediator between the family, services providers, and agencies.
7. Services coordinator assists the family in dealing with situational changes that effect implementation of the IFSP. This may include calling of partial or full team meetings which may be at the request of the family or other team members.

8. Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, this does not require that any agency or person be held accountable if an eligible child/family does not achieve the outcomes projected in the child's IFSP.
9. The services coordinator together with the family is responsible for ongoing monitoring of the plan to determine that appropriate services and supports are being provided according to the IFSP. The services coordinator shall personally contact the family at least monthly to review the progress of the plan. This contact must be face-to-face with the family and child at least every other month. If a problem is identified or change indicated, the services coordinator shall work with the family to take appropriate action.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section, 10-004).

L. PERIODIC REVIEW AND ANNUAL MEETING

VISION:

1. ***The IFSP is a fluid process that is continuously open for review based on needs. (Review by either the whole team or parts of it.)***
2. ***Reviews are held in a timely manner, responsive to changing needs.***

PURPOSE:

To determine degree to which outcomes are being achieved, and whether modifications of services or outcomes are necessary.

WHO'S INVOLVED:

1. Family and family members, as requested by parents.
2. Advocate or person outside of family, as requested by parent.
3. Services coordinator.
4. Person(s) directly involved in conducting any additional evaluations or assessments, or service provision, if conditions warrant.
5. If changes in special education or related services are proposed, a school district representative who has the authority to commit district resources and, as appropriate, persons who will be providing services for the child must be present.

WHO'S RESPONSIBLE:

1. IFSP team and others, identified above.
2. Services coordinator.
3. Other appropriate team members and persons invited by the family.

WHAT HAPPENS:

Periodic Review:

1. Services coordinator, family and others involved review outcomes and services, including criteria and timelines.
2. The services coordinator, family and others involved review results of any current evaluations and other information from ongoing assessments of the child and family.
3. The services coordinator, family and other involved persons update the plan as necessary, adding or deleting outcomes or services as necessary.

Annual Meeting:

1. An annual meeting of the entire team is required and arranged for by the services coordinator. The meeting is chaired by the services coordinator or the family, if the family so chooses.
2. The team reviews, as above, the outcomes, progress toward these outcomes, new evaluations or other information on the child or family.
3. A new IFSP document is developed including updated outcomes, new outcomes and new creative thought toward supporting the child and family.
4. It may be decided at this meeting to change the amount or delivery of service; to end services; or to end direct services and go to a monitor basis.

HOW:

All reviews are initiated by the services coordinator, but can be requested by any team member.

Periodic Review:

A periodic review must be conducted every 6 months or more frequently if needed or requested by the family or the team. This review may be a formal meeting of the entire team of services providers, or a discussion among the services coordinator and selected team members. The family, with other team members and the services coordinator, determines the format for the review.

Annual Meeting:

This must be a meeting conducted:

1. In a setting and at a time convenient to the family and other team members.
2. In the native language, or primary mode of communication, of the family.
3. The services coordinator is responsible to arrange the meeting with the family. Written notice shall be provided to all team members a reasonable time before the meeting.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section, 10-004).

M. TRANSITION PROCESS

VISION:

1. ***At the point of transition, families are aware of and prepare for changes.***
2. ***Families have full knowledge and developed skills so that they will be able to assume a role similar to that of the services coordinator and continue in a process similar to the IFSP.***

PURPOSE:

1. To effect a positive and smooth transition that encourages continuity of programs and provision of services on an uninterrupted basis, when –
 - a. A family is able to coordinate services themselves;
 - b. The family no longer needs services;
 - c. The child is no longer eligible to receive early intervention services; or
 - d. The family moves.
2. To identify and implement steps to support the transition of the child, upon reaching age three, to: (a) services entitled to preschool children under NDE Rule 51 Part B of the IDEA (special education and related services) to the extent those services are appropriate; or (b) other services that may be available, if appropriate.
3. To identify and implement steps to support the family in the transition process.

WHO'S INVOLVED:

1. Family.
2. Child.
3. Services coordinator.
4. Direct services providers from the Early Intervention Program and the receiving program (e.g., Head Start, a community early childhood program, etc.).
5. Others, identified during the process.

WHO'S RESPONSIBLE:

1. Family.
2. Services coordinator.

WHAT HAPPENS:

1. The services coordinator discusses with and provides information about training to parents regarding future placements and other matters related to the child's transition.
2. Family develops outcomes related to transition with the team and the services coordinator. This could be in preparation for a child's smooth transition to another program or when the child is no longer needing early intervention services.
3. The services coordinator makes sure that the transition plan is completed as part of the Nebraska IFSP document.
4. Services coordinator makes sure that transition planning is started early enough to assure that family as well as child needs are addressed and referrals and coordination with other programs can be done in a quality way. "In the case of the child who may be eligible for such preschool services, with the approval of the family of the child, team members and local school district convene a conference at least 90 days and at the discretion of all such parties, up to six months before the child is eligible for preschool services." (34 CFR 303.148)
In the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the family, train members and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive.
5. Procedures are in place to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting.
6. The services coordinator reviews records with the family to determine what information is appropriate for further review.
7. With parental consent, the services coordinator sends appropriate information including evaluation and assessment materials to designated programs with adequate time for the receiving program to review.

The services coordinator shall ensure that the family's rights are safeguarded (see Family Rights Section. 10-004).

10-004 FAMILY RIGHTS

To assure fair treatment of families within the Early Intervention Program statewide, it is important that families know their rights and that their rights are protected. These rights are based on federal (34 CFR Part 303) and state (92 NAC 51) special education law and Medicaid law and regulations in addition to the Nebraska Early Intervention Act. These laws support the partnership between families and service providers in making sure that agreements and commitments are clear. They do not in and of themselves cause an adversarial relationship.

The services coordinator shall provide notice to families of their rights for participation in the Early Intervention Program. These include Medicaid provisions for the right to apply, the right to receive a timely response, and the right to appeal.

A. PARTICIPATION IN EARLY INTERVENTION SERVICES COORDINATION

Families have the right –

1. To apply for services coordination.
2. To receive a timely response to their request.
3. To appeal any action (e.g., denial, termination, or reduction) or any inaction.
4. To receive written information/notice of procedural safeguards, including informed consent in their native language.
5. To receive timely notice, before an action is taken by an agency or provider.
6. To confidentiality. Information which identifies children/families who apply for or receive services through the Early Intervention Program must be safeguarded. This includes confidentiality of identity, action steps, records, and all information shared in writing or verbally. Confidentiality extends to methods of conducting business (e.g., privacy of meeting rooms, selection of persons in attendance at meetings).
7. To use mediation in accordance with Rule 51.

B. CONFIDENTIALITY OF RECORDS

1. Parents have the right to the assurance of complete confidentiality of their records. Every agency collecting information on the child or the family shall abide by the restrictions outlined in the provider section of this document and inform parents of their policies.
2. When a release is signed so that confidential records can be disclosed, the release must, in the parent's native language or other mode of communication:
 - a. Fully inform parents of their rights to refuse to sign and the consequences of failure to sign.
 - b. List agencies and individuals who may receive information and specify the type of information for each and for what purpose.

- c. Allow parents to limit both the information released and to whom it may be released.
 - d. Inform parents that they may revoke consent at any time.
 - e. Provide a time-limit on consent.
- 3. Parents must be given the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area under this part involving records about the child and the child's family with the exception of child protective services and foster care records. Parents have the right to have the information in records explained and interpreted by a professional staff person and in their primary mode of communication.
- 4. As a child transitions out of the Early Intervention Program, records having to do with family goals and not pertinent to the child's education and related services do not follow the child and do not become part of the educational record of the child. Rather, they are kept in confidential storage in the Early Intervention Program and destroyed after 5 years with other records or destroyed at the request of the parents.
- 5. Parents have the right to copies of their child's records but there may be a reasonable copying charge for this.
- 6. Parents have the right to have someone they choose inspect and review the records.
- 7. Parents have the right to ask that early intervention records be changed if they believe that information in the records is inaccurate or misleading or violates the privacy or other rights of their child/family. The right to request a change in the records includes:
 - a. The right to be informed if the agency refuses to change the information as requested.
 - b. The right to a hearing on the refusal to change the record.
 - c. The right to include an explanation of the family's statement of disagreement if the agency refuses to change the record. This statement must be kept with the portion of the record the family disagrees with and included with any request to see the record.
- 8. Parents have the right to be informed when personally identifiable information is no longer needed to provide early intervention services to their child and/or family. They then have the right to ask that information in the early intervention record be destroyed.

C. NOTIFICATION IN NATIVE LANGUAGE

All notices must be provided in the family's native language, including the following considerations, unless clearly not feasible to do so:

1. Families must be notified before a referral is made to the Early Intervention Program.
2. The services coordinator explains to the family, in a way that they can understand (e.g., accommodations made for native language, sign language), what the Early Intervention Program has to offer and the process for determining eligibility under special education.
3. Families must be told of their right to a timely, comprehensive, multidisciplinary evaluation for the child, including assessment activities related to the child and the child's family, and, if eligible, the right to appropriate early intervention services.
4. Families must be given notice of IFSP meetings with adequate time for them to make arrangements to attend. These meetings should be arranged around the family's ability to attend.

D. CONSENT

1. Families have the right to be fully informed of all information about the activity (e.g. evaluation, assessment, release of information, start up of early intervention services) for which consent is sought in their native language or other means of communication (e.g. sign language, braille or oral communication).
2. Families have the right to know that consent is voluntary and may be withdrawn at any time.
3. Families have the right to accept or refuse any or all early intervention services without losing the remaining early intervention services. The IFSP provides written notice of the appropriate services which will be provided to the child and family.
4. Families must give written consent before:
 - a. The first evaluation and assessment of the child and any later evaluation.
 - b. Implementation of early intervention services as part of the IFSP. The IFSP provides for the written consent of the family to provide services to the child and family. Although the family may accept or reject any part of the early intervention services offered, the child will not receive services until the parents have signed the IFSP.

E. Surrogate Parents

A surrogate parent may represent a child in all matters related to:

1. The evaluation and assessment of the child;
2. Development and implementation of the child's IFSP including annual evaluations and periodic reviews;
3. The ongoing provision of early intervention services to the child; and
4. Any other rights established under Part C. No state employee, or anyone providing services to a child's family member, may act as a surrogate. Appointment of surrogate is outlined in Rule 51.

10-005 COMPLAINT AND APPEAL PROCEDURES

A. COMPLAINTS

"An individual or organization may file a written signed complaint regarding the provision of services entitled under the Early Intervention Act or a violation of Part C of the IDEA or its implementing regulations. The complaint need only include the facts upon which the complaint is based. A complaint alleging violation by the State in general may be filed. The complainant will have the opportunity to submit additional information either orally or in writing about the allegations in the complaint." (34 CFR §§303.511 and 303.512)

Complaints regarding possible violations of requirements of the Early Intervention Act must be submitted to the Department of Education, Special Education Office, in writing. (Special accommodation will be made, if writing is a barrier. Contact the Special Education Office in person or by telephone to make arrangements.) The written, signed complaint must contain an explanation of specific information relating to the possible violation. If the complaint can be determined to be related to a violation of the provision of services coordination and the individualized family service plan, the following procedures will be carried out.

The Departments of Education and Health and Human Services will notify in writing the individual or organization filing the complaint and the contracting agency the complaint has been received. This written notification to the contracting agency will include a copy of the complaint, substance of the alleged violation, and timelines for response. The contracting agency shall have 14 calendar days to submit a written response.

The Departments of Education and Health and Human Services will investigate each complaint received from an individual or organization to determine whether there has been a failure to comply with these regulations and may require further written or oral submission of information by all parties and may conduct an independent on-site investigation, if necessary.

Within 60 calendar days of receipt of a signed written complaint, the Departments of Education and Health and Human Services will review all relevant information and provide written notification of findings of facts and conclusions and the basis for such findings to all parties involved. The Departments of Education and Health and Human Services will include notification of the right to request the U.S. Secretary of Education to review the final decision.

If, as a result of extenuating circumstances the Departments of Education and Health and Human Services are not able to complete the investigation within the 30 calendar days, an extension will be implemented. The Departments of Education and Health and Human Services will notify the person or organization filing the complaint and the contracting agency of the extension.

If it is determined there has been a failure to comply, there will be included in the notification of findings the specific steps which must be taken by the contracting agency to bring the contracting agency into compliance including technical assistance, negotiations and corrective actions. The notification shall also set forth a reasonable period of time to voluntarily comply.

B. APPEALS

A parent may initiate a hearing concerning any matters relating to the provision or refusal to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family entitled under the Early Intervention Act. Procedures for filing a petition are outlined in 92 NAC 55.

The contracting agency shall inform the parent of any free or low-cost legal and other relevant services available in the area if the parent requests the information or if the parent initiates a hearing under 92 NAC 55.

Any party to a due process hearing has the right to be accompanied and advised by counsel and by individuals with special knowledge or training with respect to children with disabilities and their families.

Parents involved in hearings shall be given the right to have their child who is the subject of the hearing present, and shall also be given the right to have the hearing open to the public.

When a petition for a hearing involves an application for initial admission to public school, the child, with the consent of the parent, must be placed in the public school program until the completion of all the proceedings.

Matters regarding the eligibility for Medicaid services will be processed through the Department of Health and Human Services' Medicaid eligibility hearing procedures.

10-006 SERVICES COORDINATION RECORDS

Service coordination contracting agencies are responsible for maintaining early intervention records as described in this section.

A. CONFIDENTIALITY

1. Written parent/guardian consent must be obtained before personally identifiable information is disclosed, verbally or in writing, to anyone other than service coordination staff.
2. Each contracting agency shall protect the confidentiality of personally identifiable information at all stages including content of meetings, staff discussions, information collection, record storage, disclosure, and destruction. All information contained in the files or available to staff members is considered confidential.
3. In order to protect information about persons requesting or receiving services, the contracting agency shall store and process information (including computer information) in secured areas so that such information can be accessed only by authorized personnel. Adequate supervision of the secured areas must be provided to prevent unauthorized removal or loss of information.
4. One official at each contracting agency shall assume responsibility for insuring the confidentiality of any personally identifiable information. This official shall maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.
5. Each contracting agency shall keep a record of persons obtaining access to the early intervention records collected, maintained, or used (except access by parents or authorized staff members of the agency), including the name of the person, the date access was given, and the purpose for which the person is authorized to use the records.

B. RECORD CONTENT

The services coordinator shall maintain an individual file for each child. The record must include:

1. Initial contact form;
2. Consent forms;
3. Medical records and assessments necessary for services coordination;
4. MDT report;
5. IFSP;
6. Releases of information;
7. Family correspondence;
8. Interagency correspondence; and
9. Narrative documentation.

C. NARRATIVE GUIDELINES

Services coordination narrative must include dated chronological documentation of the following:

1. Communication with the family, noting the service coordinator's location (e.g., office, family home);
2. Communication with service providers;
3. Services coordinator decisions and actions;
4. Referrals to resources, including, for example, when applications are mailed or items submitted;
5. Services delivery monitoring; and
6. Other factual information and services coordination activity relevant to the case.

Documentation must be objective and free from bias.

D. RECORD TRANSFERS

1. Service coordination staff may transfer child/family record information to other agencies with the written authorization for the release of information by the parent/guardian.
2. Staff shall provide only that information determined to be necessary for the purpose designated by the requesting agency.
3. If the record contains information regarding other family members not related to the record transfer, such information shall be not be transferred. This includes the transfer of the eligible child/family record upon termination from the Early Intervention Program.
4. If a family moves from the contracting agency's region, the services coordinator is responsible for sending a copy of the record to the receiving contracting agency, with written parent authorization. The sending contracting agency maintains the original record.

E. REPORTING

The contracting agency shall complete required reports to document the provision of services coordination, subject to review by the Departments of Health and Human Services, and Education, or their designee.

F. RETENTION AND DESTRUCTION

The contracting agency shall –

1. Retain the early intervention records for five years after the completion of the activities for which early intervention funds were used. If an audit or appeal is in progress, the Department of Health and Human Services or Education may direct that records be retained beyond five years.
2. Make reasonable effort to locate and notify parents before records are destroyed.
3. Destroy records using a method that ensures that no personally identifiable information remains accessible (e.g., shredding).

G. FORMS

Services coordinators shall use the following forms:

1. IFSP Statewide Form (see 480-000-XX)
2. Notice and Consent for Special Education Initial Multidisciplinary Evaluation (see 480-000-XX)
3. Release of Information (see 480-000-XX)
4. Notice of Action (see 480-000-XX)

Note: For any families also applying for the Early Intervention Medicaid Home and Community-Based Waiver, see also 480 NAC 8-XXX.

10-007 SERVICES COORDINATION CONTRACTED PROVIDERS

A. APPROVAL PROCESS (see also Community Level Collaboration Section, 480 NAC 10-001 D)

1. Services Coordination Proposal Application and Evaluation:

- a. Each planning region team will receive an early intervention services coordination contract proposal packet from the Nebraska Department of Health and Human Services (HHS).
- b. One agency which is or will become a member of each planning region team will assume the responsibility of contracting with HHS to deliver the entitlement of services coordination in the Region.
- c. The potential contracting agency will complete and submit to HHS all necessary information requested.
- d. HHS may negotiate to make changes in a submitted proposal, as needed.
- e. A completed and approved proposal will result in a contract with HHS. Each contract will cover an initial period of 24 months with options for renewal based upon compliance with contract requirements and evaluation results.

2. Services Coordination Subcontractors:

The contracting agency for services coordination for the Region may sub-contract for services coordination with more than one agency. HHS approval for sub-contracting is required. Minimum required standards must be met by the sub-contracting agency and described in the proposal submitted to HHS for approval. The contracting agency will have ultimate responsibility to ensure that minimum required standards are met by the sub-contracting agency.

3. Reimbursement:

Services coordination/case management will be billed monthly to HHS for Medicaid and non-Medicaid billing claims if the child has received any services coordination/case management during the month. The co-lead agencies will determine a reimbursement rate for services coordination which includes salary, benefits, costs for direct supervision, office space, equipment, supplies, and travel expenses.

4. Monitoring:

The co-lead agencies are responsible for monitoring the Early Intervention Program.

5. Compliance:

All services coordination contracting agencies shall comply with all regulations in this material (480 NAC 10-000).

6. Medicaid Services Coordination/Case Management:

Contracting agencies and approved sub-contracting agencies will be required to complete the Medicaid provider agreement form (Form MC-19, Medical Assistance Provider Agreement) as part of the proposal process for the provision of services coordination/case management. The completion of the required form and the contract agreement to observe minimum requirements for services coordination/ case management contained in regulation will allow the contracting agency to bill for and be reimbursed for Medicaid-eligible children receiving services coordination/case management. The identification of the child as Medicaid-eligible (current Medicaid number) during service provision is required on the billing for services coordination/case management reimbursement.

7. Early Intervention Medicaid Home and Community-Based Waiver:

The contracting agency will ensure that all eligible infants and toddlers requiring Nursing Facility level of care services will be offered Early Intervention Medicaid Home and Community-Based Waiver services as an option for services coordination (case management) and respite care services. State waiver regulations, 480 NAC 8-000 are provided to the contracting agency during the proposal process and will be administered by the services coordinators. The identification of the child as eligible for the above Waiver during service provision and the eligible child's current Medicaid number is required on the billing for services coordination reimbursement.

B. SERVICES COORDINATOR STANDARDS (JOB FUNCTIONS AND QUALIFICATIONS)

DESCRIPTION: The services coordination contracting agency is responsible for hiring, contracting with, and firing services coordination staff and for their compliance with regulations. Services coordination is provided at a recommended ratio of one FTE to 30 children.

Under general supervision from a services coordinator supervisor, the services coordinator is responsible for the identification, referral and coordination of services for children and families. The services coordinator also serves as the single point of contact in helping parents gain needed services and assistance.

EXAMPLES OF WORK:

Visits informally with the family to review intake information and establish rapport.

Secures information releases to facilitate sharing of information and notifies referral source that contact has been made with the family.

Maintains ongoing communication with referral source and other contacts as requested by the family.

Identifies family needs, strengths and priorities on a continuing basis.

Advocates for the family to ensure family priorities remain the driving force behind the individualized family service plan.

Assists the family in forming the IFSP team and gaining access to services.

Serves as liaison between the family and service providers relative to the needs of the family, while at the same time encouraging the family to take this role.

Assists the family in identifying gaps in services and relaying that information to the IFSP team and other agencies.

Works with the family to develop strengths and skills needed to support the child with the disability.

Facilitates and supports parents' advocacy skills.

Maintains current information base regarding services available within the community.

Develops and maintains interagency contacts.

Coordinates and chairs IFSP team meetings and conducts appropriate follow-up to assure plan implementation (initial, periodic reviews and others).

Completes, updates and disseminates IFSP documents following confidentiality and time frame guidelines.

Facilitates communication between family and IFSP team and other service providers.

Facilitates problem solving and the collaboration of team members around changing needs and assists in modifying the IFSP.

Serves as mediator for addressing and managing conflicts among families, agencies, and service providers.

Facilitates the development of a transition plan.

Maintains records of contracts with families and agencies, including activities and ongoing concerns.

Maintains required data and confidential records.

ENTRY KNOWLEDGE, ABILITIES, AND SKILLS REQUIRED (Applicants will be screened for possession of these through written, oral, performance, and/or other evaluations.)

Knowledge of: the uniqueness of families; community resources and how to access; family systems model; empowerment theory; family-centered services; interagency collaboration; affirming minority families and their cultural diversity.

Ability to: work with families as equal partners; work with a team, including dynamics of group interaction, conflict resolution and process evaluation; make team members feel comfortable and valued; communicate with people from a variety of backgrounds and education levels; network with other professionals; understand the need for confidentiality and abide by all acceptable standards in safeguarding service coordination records and all service activity involving the family; organize records and make them understandable to others.

Skill in: listening, interviewing and conversational techniques.

FULL PERFORMANCE KNOWLEDGE, ABILITIES AND SKILLS REQUIRED (These may be acquired on the job and are needed to perform the work assigned.)

Knowledge of: family dynamics; disabilities and current practices in the field of developmental disabilities; support groups and volunteers; the influence of culture on family structure, individual and group relationships and child rearing practices; American racial/ethnic minority groups, i.e., African American, Native American, Hispanic/Latino American, and Asian American.

Ability to: work with families of children with special needs, young children, infants and/or toddlers.

JOB PREPARATION GUIDELINES (Entry knowledges, abilities, and/or skills may be acquired through, BUT ARE NOT LIMITED TO, the following coursework/training and/or experience.)

Any combination of training and/or experience that will enable the incumbent to possess the required knowledge, abilities, and skills. A general qualification guideline for positions in this class is post high school coursework/training in social/behavioral sciences, education, rehabilitation counseling, or physical/occupational therapy. Must have experience working with families of children with special needs, young children, infants and toddlers; experience with a broad variety of community agencies that provide services to young children with disabilities and families; and experience working with culturally diverse families.

C. SERVICES COORDINATION SUPERVISOR STANDARDS (JOB QUALIFICATIONS AND FUNCTIONS)

DESCRIPTION: Under limited supervision from the planning region team, the services coordination supervisor is responsible for supervising services coordinator positions. This includes the day-to-day management of the Early Intervention Program in regard to family needs within a specific region. The services coordination supervisor also acts as liaison between the services coordinators and the local planning region team to address gaps in family services and regional systems change to support these services.

EXAMPLES OF WORK:

Assists the local planning region team in the recruitment and selection of services coordinators.

Responsible for evaluation of services coordinator's performance through discussion of family outcomes, assessment processes, resource contacts, observation of services coordinators during home visits, IFSP meetings, and regular staff meetings.

Provides day-to-day consultation to services coordinators regarding family specific needs to ensure appropriate supports are provided.

Provides staff development and program specific training to services coordinators in collaboration with the local planning region team.

Fosters the building of team relationships and utilizes conflict resolution techniques to promote collaboration among services coordinators, service providers, and families.

Develops internal procedures to operate and supervise the Early Intervention Program.

Develops a process to assure quality in documentation and services coordination and documents the results of this process.

Assures the dissemination of materials and information to families and service providers to ensure adherence to the family-centered service delivery model.

Consults with the local planning region team and the services coordinators to facilitate the development and sharing of resources to meet the needs of families with young children with disabilities in the region. This includes identification of gaps in services, issues, system changes, and administrative innovations.

ENTRY KNOWLEDGE, ABILITIES, AND SKILLS REQUIRED (Applicants will be screened for possession of these through written, oral, performance, and/or other evaluations.)

Knowledge of: the principles and techniques of supervision; work performance and other standards of employee development; the methods and procedures of employee training; family dynamics; disabilities and current practices in the field of developmental disabilities; support groups, community resources, and volunteers; the influence of culture on family structure, individual and group relationships and child-rearing practices; American racial/ethnic minority groups, i.e., African American, Native American, Hispanic/Latino American, and Asian American; empowerment theory; family-centered services; interagency collaboration.

Ability to: plan, assign, direct, and evaluate the work of subordinate staff; coordinate services coordinator assignments and workloads with families of children with special needs, young children, infants and/or toddlers; work with a team, including dynamics of group interaction, conflict resolution and process evaluation; communicate orally and in writing with people from a variety of backgrounds and education levels; network with other professionals; abide by all standards of confidentiality.

FULL PERFORMANCE KNOWLEDGE, ABILITIES, AND SKILLS REQUIRED (These may be acquired on the job and are needed to perform the work assigned.)

Knowledge of: the practices of management including planning, organizing, and staffing; the techniques of program research, planning, and evaluation; community-based and institutional disability services; habilitation and services coordination; habilitation services delivery.

Ability to: plan, organize and assign the work of staff; train and evaluate staff based on standards of performance; communicate with community services to exchange administrative/program information and to explain operations and management decisions; analyze the critical elements of and the operational problems pertinent to the planning and directing of program activities.

JOB PREPARATION GUIDELINES (Entry knowledges, abilities, and/or skills may be acquired through, BUT ARE NOT LIMITED TO, the following coursework/training and/or experience.)

Any combination of training and/or experience that will enable the incumbent to possess the required knowledge, abilities, and skills. A general qualification guideline for positions in this class is post high school coursework/training in social behavioral sciences, education, speech pathology/audiology, physical/occupational therapy, or rehabilitation counseling. Must have experience in direct services with at least three years in a supervisory/management position in a human services, education, or related field; experience working with persons with disabilities; experience with a broad variety of community agencies that provide services to young children with disabilities and families; experience working with culturally diverse families.

10-008 GLOSSARY OF TERMS

Annual Review: IFSP team meeting held each year to evaluate and, as appropriate, revise the child's IFSP.

Co-lead Agencies: The Department of Health and Human Services and the State Department of Education and any other agencies appointed by the Governor responsible for planning, implementation, and administration of the federal early intervention program and the Early Intervention Act.

Community Supports: Family, friends, neighbors, church programs, health care systems, specialized child care, social services, educational services, and other natural and organized supports a family needs to care for an infant or toddler with disabilities as close to home as possible.

Consent: The parent gives permission for the agency(ies) to do what they propose to do (e.g., evaluate the child, provide services, share information with another agency).

Cultural Competence: Honor and respect for the beliefs, interpersonal styles, attitudes and behaviors both of families who access early intervention services and the staff who provide them. Early intervention policy, administration and practice reflects this honor and respect.

Developmental Delay: Any of the disability classifications or conditions which qualify a child for special education and related services as described in the Special Education Act.

Early Intervention Medicaid Home and Community-Based Waiver: A Medicaid-funded program which pays for services coordination and respite care for infants and toddlers in the Early Intervention Program who have needs which qualify them for Nursing Facility level of care.

Early Intervention Program: The single point of entry to services coordination for eligible infants and toddlers as identified by each planning region team via the systems contract.

Early Intervention Services: The early intervention system contains entitled services and access to other available services designed to meet the developmental needs of each eligible infant or toddler with disabilities and the needs of the family related to enhancing the development of their infant or toddler.

Eligible Infants and Toddlers with Disabilities: Children two years of age or younger who are verified for special education and related services and need early intervention services. Toddlers who reach age three during the school year remain eligible through the end of the school's fiscal year.

Entitlement: Benefit(s) of a program granted by law to persons who fit within defined eligibility criteria. Entitlement through the Early Intervention Act includes services coordination and development of the individualized family service plan.

Family: Parent(s), guardian(s), and/or other persons identified by the family.

Individualized Family Service Plan (IFSP): A process for providing early intervention services which results in a written plan for the provision of those services. The plan is developed and implemented in accordance with 480 NAC 10-003 and 92 NAC 51-007.

Individuals with Disabilities Education Act, Part HC: Federal law establishing the Early Intervention Program for Infants and Toddlers with Disabilities.

Multidisciplinary Evaluation Team (MDT): A group of persons responsible for evaluating the abilities and needs of an infant or toddler to determine whether or not the infant or toddler is eligible to receive special education and related services.

Native Language: Mode of communication normally used by a child's family.

Natural Environments: Settings that are natural or normal for the child's age peers who have no disabilities.

Nebraska Department of Education Rule 51: State regulations for special education programs serving children from birth to age 21 (92 NAC 51).

Nebraska Interagency Coordinating Council: A body of parents, advocates, physicians and representatives from school districts, agencies, educational service units, Head Start, higher education, and the Legislature appointed by the Governor at the state level to advise and assist the collaborating agencies in carrying out the provisions of both state and federal early intervention law.

Need: Shall mean the extent of services coordination necessary as based on the circumstances in each family but shall include the activities that are required to be provided in 34 CFR 303.22.

Notice: A written statement provided to the parents of an eligible child a reasonable time before a public agency or service provider proposes or refuses to initiate or change services. This includes identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family. The statement must contain a description of the action, reasons, and an explanation of procedural safeguards.

Periodic Review: A review of the IFSP which must be conducted every six months, or more frequently if conditions warrant, or the family requests such a review.

Personally Identifiable: Information that would cause a child and his/her family to be recognized (e.g., name, address, social security number, and characteristics that would make it possible to identify the child and/or family with reasonable certainty).

Planning Region Team: An organized group of parents, advocates and representatives from school districts, agencies, educational service units, Head Start, and other relevant agencies or persons responsible for assisting in the planning and implementation of the Early Intervention Act in each local community or region.

Public Agency: Includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under Part C and their families.

Referral: Contact made to the Early Intervention Program from any source, with the family's consent.

Services Coordination: A flexible, individualized process of interaction facilitated by a services coordinator to assist a family of an eligible infant or toddler with disabilities within a community to identify and meet the family and child's needs through coordination of informal and formal supports. The activities carried out by a services coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the early intervention program.

Services Coordination Contracting Agency: An agency identified in each planning region which assumes the responsibility to deliver the entitlement of services coordination in the region through a contract with the Department of Health and Human Services.

Special Education and Related Services: See Department of Education Rule 51.

Transition Plan: Documentation of follow-up activities which are to take place when a child no longer receives services through the early intervention system.

